

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 16-22419		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH: DAY 12/06/16		TIME: MILITARY 1222		
CRASH OCCURRED ON 6 FARVIEW DR.				WITHIN THE INTERSECTION OF LEBANON OHIO 45036								
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE				
LOG-1		LOG-2		LOC JUR FH'9 FILT								
A UNIT NO. 1		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT GENERAL 47042454700				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) BISHOP, KRISTINE N.				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 320 N. EAST ST LEBANON OHIO 45036								
PHONE NO. 513-375-5448		BIRTH DATE 12/08/89		AGE 26		SEX F		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. TH544493		
OWNER (IF SAME AS DRIVER, WRITE SAME) Simmons, Ricky				ADDRESS SAME				PHONE VIN# 1HGC8765XMA213638				
VEH YR 91		MAKE HONDA		MODEL 45		COLOR WHITE		STYLE		STATE OH LICENSE PLATE NO. GQE6186		
TOWING SERVICE N/A		VEH/PED DIR FROM TO		CIRCLE DAMAGE AREAS		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE <input type="checkbox"/>		8 UNIT NO. 2		NO OF OCCUPANTS 1		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/>		DRIVERLESS <input type="checkbox"/> HIT & RUN NON-CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT CINCINNATI INDEMNITY CO.		
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) HIMES, ROBERT				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 501 HARBOR DR. LEBANON OHIO 45036								
PHONE NO. 513-432-7965		BIRTHDATE 6/17/68		AGE 48		SEX M		SOCIAL SECURITY NO.		STATE OH DRIVER'S LICENSE NO. RM408995		
OWNER (IF SAME AS DRIVER, WRITE SAME) MIKE ALBERT LTD				ADDRESS 10340 EVANDALE DR. CINCINNATI OH				PHONE				
VEH YR 15		MAKE DODGE		MODEL SW		COLOR WHITE		STYLE		STATE OH LICENSE PLATE NO. GPD2608		
TOWING SERVICE N/A		VEH/PED DIR FROM TO		CIRCLE DAMAGE AREAS		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		
FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE <input type="checkbox"/>		C OCCUPANT SECTION		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		
ADDRESS		PHONE		SEX		POSITION		INJURIES				
D. FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED		
ADDRESS		PHONE		SEX		CONDITION		A B		X X X X X		
E. FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN		
ADDRESS		PHONE		SEX		RESTRAINTS		ALCOHOL		A B		
F. FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		SEX		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 SHOULDER BELT USED 8 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
ADDRESS		PHONE		SEX		EJECTION		DRUGS		A B		
A B C D E F		INJURED TAKEN TO By		A B C D E F		A B C D E F		A B C D E F		A B C D E F		
D E F		INJURED TAKEN TO By		A B C D E F		A B C D E F		A B C D E F		A B C D E F		
A B C		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F		
D E F		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		A B C D E F		
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